

**STATE OF IDAHO
DEPARTMENT OF INSURANCE**

APPLICATION FOR REGISTRATION AS A RISK RETENTION GROUP
(All information should be typed)

1. List the corporate name of the Risk Retention Group (Name must include the phrase "Risk Retention Group") and the group's address.

List any DBA's of the Risk Retention Group.

2. The primary activity of this Risk Retention Group consists of assuming and spreading all, or any portion, of the liability exposure of its members. (Y/N)_____

3. The Risk Retention Group is organized for the primary purpose of conducting the activity described under (2) above. (Y/N)_____

4. The Risk Retention Group is chartered and licensed as a liability insurance company under the laws of the State of _____.

5. The Risk Retention Group will not exclude any person from membership in the Group solely to provide for members of the Group a competitive advantage over such a person. (Y/N)_____

6. Ownership of the Risk Retention Group consists of one or the other of the following (check one):

_____the owners of the Group are the only persons who comprise the members of the Group and who are provided insurance by the Group;

_____the sole owner of the Group is (Give name and address of organization)_____

_____an organization whose members only comprise the membership of the Group, and whose owners are the only persons who comprise the membership of the Group and who are provided insurance by the Group.

7. The Risk Retention Group is composed of members who are engaged in the following described business or activities, which are similar or related with respect to the liability to which such members are exposed by virtue of related, similar, or common business, trade,

product, services, premises or operations (Give general description of business or activities engaged in by Group members):

8. List the name, address and telephone number of all officers of the Risk Retention Group and the key officer or staff person (not an employee of the group's management company) responsible for overseeing "hands on management" of the group. (Attach additional pages if necessary.)

9. List the name, address and telephone number of the company responsible for management of the insurance operations of this risk retention group. (If none, answer none.)

10. List the name, address and telephone number of the principal agent or broker responsible for marketing the group's insurance policies. (If none, answer none.)

11. The activities of the Risk Retention Group do not include the provision of insurance other than:

- (a) liability insurance for assuming and spreading all or any portion of the similar or related liability exposure of its Group members; and
- (b) reinsurance with respect to the similar or related liability exposure of another Risk Retention Group (or a member of such other Risk Retention Group) engaged in businesses or activities which qualify such other Risk Retention Group (or member) under item (6) above for membership in this Group.

(Y/N) _____

12. The Risk Retention Group will comply with the unfair claims settlement practices laws of Idaho. (Y/N)_____
13. The Risk Retention Group will pay, on a non-discriminatory basis, applicable premium and other taxes which are levied on such Group under the laws of Idaho. (Y/N)_____
14. The Risk Retention Group has designated the Idaho Insurance Director to be its agent solely for the purpose of receiving service of legal documents or process. (Please use Appointment of Attorney to Accept Service form provided with this application.) (Y/N)_____
15. The Risk Retention Group will submit to examination by the Idaho Insurance Director to determine the Group's financial condition if:
- (a) the Insurance Director of the Group's chartering State has not begun or has refused to initiate an examination of the Group; and
 - (b) any such examination by the Idaho Insurance Director is coordinated so as to avoid unjustified duplication and unjustified repetition.
- (Y/N)_____
16. The Risk Retention Group will comply with a lawful order issued in a delinquency proceeding commenced by the Idaho Insurance Director upon a finding of financial impairment, or in a voluntary dissolution proceeding. (Y/N)_____
17. The Risk Retention Group will comply with the laws of Idaho concerning deceptive, false or fraudulent acts or practices, including any injunctions regarding such conduct obtained from a court of competent jurisdiction. (Y/N)_____
18. The Risk Retention Group will comply with an injunction issued by a court of competent jurisdiction upon petition by the Idaho Insurance Director alleging that the Group is in hazardous financial condition or is financially impaired. (Y/N)_____
19. The Risk Retention Group will provide the following notice, in 10-point type, in any insurance policy issued by the Group: (Y/N)_____

"NOTICE

This policy is issued by your Risk Retention Group. Your Risk Retention Group may not be subject to all of the insurance laws and regulations of your State. State insurance insolvency guaranty funds are not available for your Risk Retention Group."

20. The Risk Retention Group must submit to the Idaho Insurance Director, as a part of this application and before it has offered any insurance in Idaho, a copy of the plan of operation or feasibility study which it has filed with the Insurance Commissioner [Director, Superintendent] of its chartering State. This plan or study discloses the name of the State in which the Group is chartered, as well as the Group's principal place of business, and such plan or study further includes the coverages, deductibles, coverage limits, rates and rating classification systems for each line of insurance the Group intends to offer. The Group will promptly submit to the Idaho Insurance Director any revisions of such plan or study to reflect any changes to the plan including, but without limitation, additional lines of liability insurance which the Group intends to offer, and any change in the designation of the Group's chartering state.
21. The Risk Retention Group will submit its annual financial statement to the Idaho Insurance Director by March 1 of each year. The annual financial statement will be certified by an independent public accountant and include a statement of opinion on loss and loss adjustment expense reserves made by a member of the American Academy of Actuaries or a qualified loss reserve specialist.
(Y/N) _____
- (a) This must include the company's Annual Statement which must be submitted on an NAIC legal convention blank, 9" x 14", with an original certification by two company officers or an original certification by the insurance supervisory official of the home state. This filing must include a Statement of Actuarial Opinion, a copy of the Management Discussion and Analysis, and a copy of the company's most recent Audited Financial Report, along with the Accountant's Letter of Qualification and the Accountant's report on Internal Controls.
22. The Risk Retention Group will not solicit or sell insurance to any person in Idaho who is not eligible for membership in the Group.
(Y/N) _____
23. The Risk Retention Group will not solicit or sell insurance in Idaho, or otherwise operate in Idaho, if the Group is financially impaired or is in a hazardous financial condition. (Y/N) _____

24. Attach to this application a current Certificate of Compliance certified by the insurance supervisory official of the company's state of domicile showing that the insurer is authorized to transact business there for the same class of insurance to be written in Idaho.

We do hereby swear and affirm that the aforementioned statements and information are true and correct.

President or Chief Executive Officer

Secretary

SWORN BEFORE ME this _____ day of _____, 20____.

NOTARY PUBLIC FOR _____
Residing at _____
My Commission Expires _____

STATE OF IDAHO
DEPARTMENT OF INSURANCE

APPOINTMENT OF ATTORNEY TO ACCEPT SERVICE

The _____, a Risk Retention Group (called the Group) duly organized under the laws of the State of _____, appoints the Insurance Director of the State of Idaho, and his or her successors in office, to be its lawful attorney upon whom all legal process in any action or proceeding against it shall be served and further agrees that any lawful process against it which is served upon this attorney shall have the same legal validity as if served personally upon the Group.

The Group gives the Idaho Insurance Director and his or her successors, full authority to do every act necessary to be done under this appointment as fully as the Group could do if personally present, and ratifies all that lawfully do under the power granted by this appointment. This authority may be withdrawn only upon a written notice of revocation and in any case shall continue in effect so long as any liability arising out of this appointment remains outstanding in Idaho. This instrument is executed pursuant to and shall be construed to constitute full compliance with Section 3(1)(1)(D) of the Liability Risk Retention Act of 1986.

The Group designates _____ whose address is _____ as the person to whom process against the Group served upon the Director shall be forwarded.

IN WITNESS OF THIS APPOINTMENT, the Group, pursuant to a resolution duly adopted by its Board of Directors, has caused this instrument to be executed in its name by its President and Secretary, and its corporate seal to be affixed at the City of _____, State of _____ this _____ day of _____, 20____.

Attest:

Secretary
Group)

(SEAL)

(Name of Risk Retention

By:

President